| Effective November 10, 1998 | | | | | | | | | | 09 | 30 | 1893 | 4 |
|--|--|------------|-----------------------------------|------------|--------------|--|------------------|------|--------------------|------------------------|------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL TYPE | ENTITY | OR | | R THAN ENTITY |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | 1 | RATE | FEE | 7 | RATE | FEE | |
| BASIC FEE | | | | | | | | | 380.00 | OR | | 760.00 | |
| TOTAL CLAIMS | | | 니니 minus 20= | | | • 24 | | | X\$ 9= | 214 | OR | X\$18= | 432 |
| INDEPENDENT CLAIMS 6 minus 3 = * | | | | | • 5 | | | X39= | 195 | OR | X78= | 390 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | ٠ ا | TOTAL | 79 | OR | TOTAL | 1582 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | SMALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | REM | AIMS IAINING FTER NDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . E | 53 | Minus | ** | 44 | = 9 | | X\$ 9= | | OR | X\$18= | |
| | Independent + FIRST PRESENTATION | | 7 | Minus | DENI | <u> </u> | = / | | X39= | | OR | X78= | |
| | THOTPICOL | NIAIR | DIA OL IVIL | JETIPLE DE | PENL | DENT CLAIM | ь | | +130= | | OR | +260= | |
| | | | | | | | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Coli | umn 1) | | (C | Column 2) | (Column 3) | _ | DDII. FEE | | | ADDII. FEE | |
| AMENDMENT B | | REM AF | AIMS AINING TER IDMENT | _ | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | .5 | 3 | Minus | •• | 53 | = | | X\$ 9= | | OR | X\$18= | , |
| | Independent | | 7 N OF MI | Minus | PENIC | / | = | | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | OR | +260= | |
| | BEST AVAILABLE COPY | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | | <u>ımn 1)</u> | | (C | olumn 2) | (Column 3) | | DDIT. FEE | | • | | _ |
| MEN | | REM/ AF | AIMS AINING TER DMENT | | PR | HIGHEST NUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | ** | | æ | ſ | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | ľ | X39= | | OR | X78= | |
| | FIRST PRESE | NTATIO | N OF MU | LTIPLE DEF | PEND | ENT CLAIM | | - | | | | | |
| • If the entry in column 1 is I ss than the entry in column 2, write *0* in column 3. | | | | | | | | | +130= | | OR | +260= | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20." TOTAL ADDIT. FEE THe "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

Application or Docket Number